



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

February 5, 2008

Helen Reynolds, Administrator
Autumn Haven I
264 Hilgren Ave
Hayden Lake, ID 83835

License #: RC-287

Dear Ms. Reynolds:

On January 10, 2008, a complaint investigation, state licensure survey was conducted at Autumn Haven I. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen McDannel', written over a horizontal line.

KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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January 23, 2008

Helen Reynolds, Administrator
Autumn Haven I
264 Hilgren Ave
Hayden Lake, ID 83835

Dear Ms. Reynolds:

On January 10, 2008, a complaint investigation, state licensure survey was conducted at Autumn Haven I. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 10, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Simpson".

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/10/2008
NAME OF PROVIDER OR SUPPLIER AUTUMN HAVEN I			STREET ADDRESS, CITY, STATE, ZIP CODE 264 HILGREN AVE HAYDEN LAKE, ID 83835		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey and complaint investigation conducted at your facility. The surveyors conducting the standard survey and complaint investigation were:</p> <p>Karen McDannel, R.N. Team Coordinator Health Facility Surveyor</p> <p>Polly Watt - Geier, MSW Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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January 23, 2008

Helen Reynolds, Administrator
Autumn Haven I
264 Hilgren Ave
Hayden Lake, ID 83835

Dear Ms. Reynolds:

On January 10, 2008, a complaint investigation survey was conducted at Autumn Haven I. The survey was conducted by Polly Watt-Geier, MSW and Karen McDannel, RN. This report outlines the findings of our investigation.

Complaint # ID00003176

Allegation #1: Facility caregivers were verbally and physically abusive to the residents.

Findings: Based on observation, interview and record review it could not be determined the facility caregivers had been verbally or physically abusive to the residents.

Between January 9, 2008 and January 10, 2008, the residents were observed to be clean and comfortable in the facility environment. It was also observed the caregivers acted in an appropriate manner with the residents.

On January 9, 2008 between 1:30 PM and 4:00 PM, 5 random residents were interviewed regarding their care and treatment from the caregivers. They stated the caregivers were very responsive to their needs and treated them with dignity and respect. Between January 9, 2008 and January 10, 2008, 4 caregivers were interviewed and stated they were not aware of a recent time when residents had been verbally or physically abused by other caregivers. They stated that if they had seen a resident being verbally or physically abused they would have immediately contacted the house manager and owner and wrote up a report of the incident that had been observed. On January 10, 2008 between 9:30 AM and 11:30 AM, 2 family members and a hospice nurse were interviewed. They stated the residents were well cared for and they were not aware of any residents being verbally or physically abused.

The facility's incident and accident reports were reviewed on January 9, 2008. There were no documented reports of physical or verbal abuse that had occurred at the

facility. Additionally, 4 residents records were reviewed and did not contain documented evidence of alleged verbal or physical abuse.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation # 2: A resident was physically abused by a caregiver.

Findings: Based on observation, interview and record review it could not be determined the identified resident had been physically abused by a caregiver.

Between January 9, 2008 and January 10, 2008, the caregivers were observed to respond to the identified resident's behaviors in an appropriate manner.

On January 9, 2008 between 1:30 PM and 4:00 PM, 5 random residents were interviewed regarding their care and treatment from the caregivers. They stated the caregivers were very responsive to their needs and treated them with dignity and respect. On January 10, 2008 at 9:30 AM, the identified resident's family member stated she was not aware of a time the resident was physically or verbally abused by a caregiver.

The identified resident's record contained an incident report and investigation into an allegation of physical abuse towards the identified resident. The investigation did not conclude the physical abuse had occurred. The resident's record also contained a behavior management plan that appropriately directed caregivers on how to provide interventions when the resident exhibited behaviors.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Karen McDannel, RN, Health Facility Surveyor



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BUREAU OF FACILITY STANDARDS
P.O. Box 83720
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Cutler Haven I</i>	Physical Address <i>264 Hilgren Ave</i>	Phone Number <i>(208) 772-5728</i>
Administrator <i>Debra Reynolds</i>	City <i>Hayden Lake</i>	ZIP Code <i>83835</i>
Survey Team Leader <i>Karen McDermid</i>	Survey Type <i>Standard Survey with Complaint</i>	Survey Date <i>1-10-08</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	221.01	The facility's admission agreement was not updated to include the 30 day discharge notice.	1/15/08 <i>Kh</i>	
2	305.01	The facility RN did not assess Side rail use for residents (#'s 1, 2 & 3) COS 1/10/08 <i>Kh</i> & 2 <i>1/14/08</i>	1/17/08 <i>Km</i>	
3	305.02	The facility RN did not ensure there were current medication orders for Resident #1 to receive Res #1 COS "Stool Soften 2 tablet at bedtime" instead the resident received Stool Soften 1 tablet two times daily Resident #3 did not have orders for over the counter eye drops but had been receiving the eye drops. Resident #4's physician order documented "Nitrostat 0.4mg" the observed medication label dose was "Nitrostat 0.3mg". Resident #4 Order was correct 1/10/08 <i>Kh</i>	1/17/08 <i>Kh</i>	
4	310.01	The facility had a house supply of over the counter medication.	1/14/08 <i>Kh</i>	
5	310.01 a	The facility stored medications in the refrigerator without having the meds locked & secured.	1/10-2008	

Response Required Date

Signature of Facility Representative

Date Signed

2/10/08

Debra L. Reynolds

1-10-2008



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <u>Autumn Haven I</u>	Physical Address <u>264 Hilgren Ave.</u>	Phone Number <u>(208) 772-5728</u>
Administrator <u>Helen Reynolds</u>	City <u>Hayden Lake</u>	ZIP Code <u>83835</u>
Survey Team Leader <u>Karen McDannel</u>	Survey Type <u>Standard Survey / Complaint Investigation</u>	Survey Date <u>11/10/08</u>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
6	310.03	The facility did not track all controlled substances	1/15/08	8/Kn
7	320.02	Resident #2 NSA did not fully describe the level of support needed for daily living nor what Hospice services were being provided including the frequency.	1/25/08	Kn
8	450.	The facility did not meet the standards of the Idaho Food Code i.e. improper glove use, hand washing, refrigerator temps.	1/15/08	Kn
9	625.03	The facility caregivers were not trained to safely transfer & assist with mobility. When they were observed to drag Res #1 backwards in her wheelchair, when a random resident placed her feet on the floor while in her wheelchair when a caregiver pushed & leaned the wheelchair back to move the resident in the wheelchair, and when a caregiver was observed to pick the resident up from the wheelchair & place resident in recliner.	1/17/08	Kn
Response Required Date <u>2/10/08</u>		Signature of Facility Representative <u>Helen K Reynolds</u>	Date Signed <u>1-10-2008</u>	